

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045283

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 33738

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Concord Village

Length of stay in lb
YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 5740 S. Lindbergh Blvd.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Concord Village Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5740 S. Lindbergh Blvd. Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print) First Middle Last
OTTO J. HAMSIK

4. DATE OF DEATH
Month Day Year
Nov. 17 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-15-1916

9. AGE (last birthday)
46

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Chemist-Garfield Manufacturing Co.

10b. KIND OF BUSINESS OR INDUSTRY
St. Louis, Mo.

11. BIRTHPLACE (City and state or country)
U.S.A.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Louis Hamsik

13b. MOTHER'S MAIDEN NAME
Mary Novak

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes World War 2

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Louis Hamsik 5740 S. Lindbergh Blvd.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarction minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary artery disease ? years

DUE TO (c)

Arteriosclerosis, coronary ? years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Previous myocardial infarction 1960

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 25, 1960 to Nov 17, 1960 and last saw him alive on Oct 20, 1962
Death occurred at 3:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Leo L. Wagner, MD

22b. ADDRESS
3563 Ritz Center, St. Louis 25, Mo.

22c. DATE SIGNED
11/19/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE
Nov. 21, 1962

23c. NAME OF CEMETERY OR CREMATORY
Sunset Burial Park

23d. LOCATION (City, town, or county) (State)
St. Louis Co. Mo.

24. FUNERAL DIRECTOR
ADDRESS
Kriegshauser 4228 S. Kingshighway Blvd.

25. DATE RECD. BY LOCAL REG.
11-19-62

26. REGISTRAR'S SIGNATURE
John B. Murphy MD

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ernest W. Spillars

Licensed Embalmer No.

4080

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.